FCC For	rm 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060 July 2013	0-0986/OMB Control N	No. 3060-0819
<010>	Study Area Code	419035				
<015>	Study Area Name	Telrite Corpora	ation			
<020>	Program Year	2016				
<030>	Contact Name: Person USAC should contact with questions about this data	Mark Lammert				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4072601011 ext	0			
<039>	Contact Email Address: Email of the person identified in data line <030>	regulatory@csil	ongwood.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached we	nrksheet)	(check box whe	en complete)
<200>	S (0) 5 / A 325		(complete attached wi			1
<210>	Outage Reporting (voice)	o outages to report	(complete attachea wi	orksneety		*****
<300>	Unfulfilled Service Requests (voice)	outages to report				133113
<310>	Detail on Attempts (voice)					38188
				(attach descriptive d	ocument)	
<320>	Unfulfilled Service Requests (broadband)					11111
						Lancación de decido
<330>	Detail on Attempts (broadband)			(attach descriptive	document)	
<400>	Number of Complaints per 1,000 customers (voice)					
<410>	Fixed 0.0					1
<420>	Mobile 0.0					
<430>	Number of Complaints per 1,000 customers (broadle Fixed	pand)				33331
<450>	Mobile					
<500>	Service Quality Standards & Consumer Protection R Telrite_PCC_Porm_481_Section_500_Service_Qua.	CHEST IN THE OWNER DESIGN	(check to indicate cer	tification)		/
<510>			(attached descripti	ve document)		1
<600>	Functionality in Emergency Situations Telrite FCC Form 481 Section 600 Emergency F	unctionality pdf	(check to indicate cer	tification)		-
	Training to the total to	anorthumarty, par				
			(attached descriptive a	locument)		_ •
<610>						
<700>	Company Price Offerings (voice)		(complete attached w	orksheet)		18888
<710>	Company Price Offerings (broadband)		(complete attached w	orksheet)		41111
<800>	Operating Companies and Affiliates		(complete attached w	orksheet)		22222
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Certification		(if yes, complete attached w	orksheet)		12888
<1000>	voice services rate comparability certification					2222
<1010>	((attach descriptive de	ocument)		HH
<1100>	Certify whether terrestrial backhaul options exist (res or No)	(if not, check to indic	cate certification)		ann
<1110>			(complete attached w	vorksheet)	3	111111
<1200>	Terms and Condition for Lifeline Customers		(complete attached w	orksheet)	1111111	1
	Price Cap Carriers, Proceed to Price Cap Additional		and the second second			
<2000>	Including Rate-of-Return Carriers affiliated with Pr	ice Cap Local Exch	ange Carriers (check to indicate cert	ification)		12222
<2005>			(complete attached w			111111
	Rate of Return Carriers, Proceed to ROR Additional	Documentation W	<u>Vorksheet</u>			
<3000>			(check to indicate cert			33515
<3005>			(complete attached we	orksheet)	1	the state of the state of

	ervice Quality Improvement Reporting		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419035	
<015>	Study Area Name	Telrite Corporation	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lasmert	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatoryecellongwood.com	
<110>	Has your company received its ETC certification from the FCC?	(yes/no) (0
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no) (O
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to \$54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets	1	
114>	Report how much universal service (USF) support was received		
115>	How much (USF) was used to improve service quality and how support was used to impro	ve service quality	
		rove rendes coverses	
<116>	How much (USF) was used to improve service coverage and how support was used to improve	rove service coverage	
<116> <117>	How much (USF) was used to improve service coverage and how support was used to improve service capacity and how support was used to improve service capacity and how support was used to improve service.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	419035
<015>	Study Area Name	Teirite Corporation
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatoryacsilongwood.com

<a>>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures
	NORS Reference	NORS Reference Number Outage Start Date	NORS Reference Outage Start Number Date Time	NORS Reference Outage Start Outage Start Outage End Time Date	NORS Reference Outage Start Outage Start Outage End Date Time Outage End Date Time	NORS Reference Outage Start Outage Start Outage End Date Time Outage End Time Customers Affected	NORS Reference Outage Start Date Outage End Date Outage End Time Outage End Time Outage End Time Outage End Time Customers Affected Total Number of Customers	NORS Reference Number Date Outage Start Date Outage End Date Time Outage End Time Outage End Time Outage End Time Customers Affected (Yes / No) 911 Facilities Affected (Yes / No)	NORS Reference Outage Start Date Date Outage End Time Date Outage End Time Outage End Time Outage End Customers Affected Customers Outage Total Number of Customers Outage End Outag	NORS Reference Outage Start Date Outage End Date Outage End Date Outage End Time Outage End Time Outage End Time Outage End Time Customers Affected Customers Outage End Total Number of Customers Outage End Total Number of Customers Outage End Total Number of Customers Outage End Outage End Total Number of Customers Affected (Yes / No) Did This Outage Affect Multiple Study Areas (Yes / No)	NORS Reference Number Date Outage Start Time Date Outage End Date Outage End Date Outage End Date Outage End Time Outage End Customers Affected Customers Outage Start Customers Outage Start Total Number of Customers Outage Start (Yes / No) Did This Outage Affect Multiple Service Outage Description (Check all that apply) Service Outage Resolution

100000000000000000000000000000000000000	ce Offerings including Voice Rate Data ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419035	
<015>	Study Area Name	Telrite Corporation	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lenmert	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csllongwood.com	
<701> <702>	Residential Local Service Charge Effective Date 1/1/2015 Single State-wide Residential Local Service Charge		

	<al></al>	(42)	<33>	<b1></b1>	<62>	<b3></b3>	<b4></b4>	<bs></bs>	40
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
L									
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	padband Price Offerings lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2013		
<010>	Study Area Code	419035			
<015>	Study Area Name	Telrite Corporation			
<020>	Program Year	2016			
<030>	Contact Name - Person USAC should contact regarding this data	Mark Launert			
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.			
<035>	Contact Email Address - Email Address of person identified in data line <030>	regulatory#cstlongwood.com			
	The state of the s				

>	cab	(a)>	401 2	 cb2>	60	sd1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
-									
-									

lection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-081 July 2013
Study Area Code		419035		
Study Area Name		Telrite Corporation		
Program Year		2016		
Contact Name - Person USAC	should contact regarding this data	Mark Lammert		
Contact Telephone Number	Number of person identified in data line <030>	4072601011 ext.		
Contact Email Address - Ema	il Address of person identified in data line <030>	regulatory#csilong	wood, com	
Reporting Carrier To	elrite Corporation d/b/a Life Wireless			
Holding Company N	ot Applicable			
Operating Company L	ife Wireless Holdings, LLC			
	Affiliates		SAC	Doing Business As Company or Brand Designation

	bal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419035
<015>	Study Area Name	Telrite Corporation
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030	
<039>	Contact Email Address - Email Address of person identified in data line <030	> regulatory@c#ilongwood.com
<910>	Tribal Land(s) on which ETC Serves	
	_	
<920>	Tribal Government Engagement Obligation	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
If your (company serves Tribal lands, please select (Yes, No, NA) for each these boxes	Name of Attached Document
if your o	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920,	
if your o	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to	Select
if your o	company serves Tribal lands, please select (Yes,No, NA) for each these boxes from the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to	
If your o to confi demons § 54.31	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to 3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal	Select Yes or No or
if your of to confi demons § 54.31 <921>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to 3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Select Yes or No or
If your of to confi demons § 54.31. <921>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to \$(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning;	Select Yes or No or
if your of to confidemons § 54.31: <921> <922> <923>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (S(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	Select Yes or No or
of your of to confidemons § 54.31. <921> <922> <923> <924>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to [3a](9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes	Select Yes or No or
of your of to confidemons § 54.31. (921) (922) (923) (924) (925)	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements	Select Yes or No or
If your of to confidemons § 54.31. <921> <922> <923> <924> <925> <926>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules	Select Yes or No or
if your o	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements	Select Yes or No or

<010>			July 2013
	Study Area Code	419035	
	Study Area Name	Telrice Corporation	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert	
<035>	Contact Telephone Number - Number of person identified in data line <030>	e072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatorywestlongwood.com	
	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256	kbos	
	upstream within the supported area pursuant to § 54.313(g).	rups —	•

Lifeline	erms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		419035	
<015>	Study Area Name		Telrite Corporation	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding this data		Mark Lammert	
<035>	Contact Telephone Number - Number of person identified in data	line <030>	4972601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data	line <030>	regulatory@cellongwood.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
		L		Name of Attached Document
<1220>	Link to Public Website	HTTP	rww.lifewiceless.com	
or the we	neck these boxes below to confirm that the attached document(s), on line bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers m			
annually r	[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	ist		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	7		
<1222>	Details on the number of minutes provided as part of the plan,	1		
<1223>	Additional charges for toil calls, and rates for each such plan.			

(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481 OM8 Control No. 3060-0986/OM8 Control No. 3060-0819 July 2013
<010>	Study Area Code	
<015>	Study Area Name	819035
<020>	Program Year	Teirite Corporation
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	MAYK LANGSTO
<039>	Contact Email Address - Email Address of person identified in data line <030>	requiatorymentiongwood.com
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform	a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reduction ation reported on this form and in the documents attached below is accurate.
	Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1)i)	
<2011a>	3rd Year Certification (47 CFR § 54.313(b)(1)ii)	
<2011b>	Attachment (47 CFR § 54.313(b)(1)iii)	
<2012> <2013> <2014> <2015>	2014 Frozen Support Calculation (47 CFR § S4.313(c)(2)) 2015 Frozen Support Calculation (47 CFR § S4.313(c)(3)) 2016 and future Frozen Support Calculation (47 CFR § S4.313(c)(4))	Name of Attached Document(s) Listing Required Information
<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband	
<2017> <2018> <2019>	5th year Broadband Service Certification	
<2020s	Please check the box to confirm that the attached document(s), on lin pursuant to § 54.313 (e)(3)(ii), as a recipient of CAP Phase II support si addresses of community anchor institutions to which began providing preceding calendar year.	all provide the number, names, and
<2021>	Interim Progress Community Anchor Institutions	
		Name of Attached Document(s) Using Required Information

	ate Of Return Carrier Additional Documentation	NAME OF STREET	FCC Form 481 OM8 Control No. 8060-0988/OM8 Control No. 8060-0819
Cata Col	action Form		July 2013
4010×	Study Area Code	419035	
<015>	Study Area Name	Telrite Corporation	
<020>	Program Year	2014	
<035>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Mark Lanmert 4072601011 ext.	
×039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@cgilongwood.com	
CHECK	the boses below to note compliance on its five year service quality plan (pursua CFR § 54.313(f)(2). I further certify that ti	nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attack	
(5010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.91 I(f)(1)(1))		
		Name of Attached Document Listing Required Inform	nation
(3011)	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(s), the carrier shall provide the number, names, and adds providing access to broadband service in the preceding calendar year.		
(5012)	Community Anchor Institutions (47 CFR § 54.813(1)(1))		
	Is your company a Privately Held RCR Carrier (47 CFR § S4.31.3(f)(2)) If yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Yes/No)	38
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)	(2) compilance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	inh Flows	
(3017)	If the response is yes on line 3014, attach your commany's RUS annual report and all required documentation		
		Name of Attached Document Listing Required Information	
(4018)	If the response is no on line \$014, is your company audited?	(Yes/No))()
******	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 promuent to \$54.313(1)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fi	ormal comparable to RUS Counting Report for Taleronium in sto	
(1020)	Document(s) for Balance Sheet, Income Statement and Statement of C		
162-010	Management letter and audit opinion issued by the independent certified p		一
Frie it	If the response is no on line 3018, please check the bases below to confirm your submission, on line 3026 purvaient to 5.54.313(f)(2), contains:	уску выобились мак реглитика или согтракту в інтальня вося.	U
(3022)	Cupy of their financial statement which has been subject to review by an independent certified public accountant; or 2] a financial report in a format comparable to 8US Operating Report for Telecommunications. Biomovers		
(3023)	Underlying information subjected to a review by an independent certified		
(month)	public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows	
(3026)	Attach the worksheet listing required information		

000) Rate Of Return Carrier Additional Documentation (Continued) ata Collection Form		FCC Form 481 CMS Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
c010> Study Area Code c015> Study Area Name c020> Program Year c020> Contact Name- Person USAC should contact regarding this data c035> Contact Teleprione Number - Number of person Identified in data contact Teleprione Number - Number of person Identified in data contact Templ Address of Penal Address of person Identified in data contact Templ Address of Penal Address of person Identified in data contact Templ Address of Penal		
Financial Data Summary (3027) Revenue (3028) Operating Expenses (3029) Net Income (3030) Telephone Plant In Service(TPIS) (3031) Total Assets	ne-c030> regulatory@csilengwood.com	
(3032) Total Debt (3033) Total Equity (3034) Dividends		

Name of Attached Document Listing Required Information

	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419035
<015>	Study Area Name	Telrite Corporation
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030> 4072601011 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> regulatory@csilongwood.com

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Telrite Corporation Signature of Authorized Officer: CERTIPIED ONLINE Printed name of Authorized Officer: Kelly Jesel Title or position of Authorized Officer: 6782021294 ext. Study Area Code of Reporting Carrier: 419035 Filing Due Date for this form: 07/01/2015 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419035	
<015>	Study Area Name	Telrite Corporation	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> regulatory@csilongwood.com

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier. I		
iso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.			
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer:	Date:		
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or L	I Recipients on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments



FCC Form 481

Section 500 - Service Quality Standards & Consumer Protection Rules Compliance

Under FCC Rules, Section 54.202, an ETC must comply that it will satisfy applicable consumer protection and service quality standards. Telrite Corporation d/b/a Life Wireless (Telrite) is in compliance with the Cellular Telecommunications and Internet Association's Consumer Code for Wireless Service.

- Telrite discloses rates and terms of service to customers at the time service is initiated.
 These same terms and conditions are posted on Telrite's website at
 www.lifewireless.com.
- Telrite provides service availability information on their website at www.lifewireless.com.
- Telrite provides contract terms to subscribers when they initiate or change service. These
 same terms are provided to subscribers during the annual recertification process as
 outlined in Commission rules that govern continued subscriber eligibility.
- Telrite's Lifeline service can be terminated at any time by either party without an early termination fee. Service is dependent on continued eligibility in the program.
- Telrite provides disclosures, minutes included in Lifeline plans, expiration of rollover minutes, availability of service, and cost for additional minutes in all published Lifeline advertising materials.
- Telrite customers are provided options if they exceed the number of minutes provided in their Lifeline plan. If at any time a customer purchases additional minutes, charges and plan options are available on the company website at www.lifewireless.com.
- Telrite's toll-free customer service number is 888-543-3620. Customers can also contact
 Telrite via email at info@lifewireless.com. This information is provided in the terms of
 service and on the company website and in all information provided to subscribers.
- Telrite responds to all consumer inquiries and complaints received from government agencies within 30 days.
- Telrite has procedures in place to maintain the privacy of subscriber proprietary information in accordance with applicable federal and state laws.
- 10. At service initiation, Telrite requests that subscribers "Opt In" to receive free notifications regarding activation status, balance alerts, etc. Customers can also decline to receive these messages and notices by "Opting Out". If a subscriber chooses to decline free notifications they will receive only those Lifeline notifications required by the FCC such as the 30-day non-usage notice, the recertification notices, etc. The customer cannot opt out of the required FCC notifications.



FCC Form 481 Section 600 - Functionality in Emergency Situations

Under FCC Rules, an ETC must demonstrate its ability to remain functional in emergency situations. Since Telrite Corporation d/b/a Life Wireless (Telrite) is providing service to its customers through the use of facilities obtained from other carriers, it is able to provide to its customers the same ability to remain functional in emergency situations as currently provided by the carriers to their own customers, including access to a reasonable amount of back-up power to ensure functionality without an external power source, re-routing traffic around damaged facilities, and the capability of managing traffic spikes resulting from emergency situations.

Telrite, along with their underlying carriers, have created back-up systems to ensure functionality in the event of a loss of power or network functionality. Telrite maintains its own diesel-powered backup generator at their switching facility in Georgia. All systems within the facility are implemented on redundant servers, each with redundant data network and power.

Telrite Corporation d|b|a Life Wireless does not have facilities in any state other than Georgia. It relies on the facilities of the underlying carrier in each state it provides service to demonstrate its own ability to function in emergency situations.

When a number is identified by a 911 dispatch center as belonging to an underlying carrier, the officer would call the underlying carrier who can assist with tracing the distressed caller or other network information. In the event further customer proprietary network information (CPNI) is needed to reach the distressed 911 caller, the underlying carrier would then direct the officer to contact the reseller, Life Wireless. All underlying carriers that Telrite utilizies have the contact number on file for Telrite d|b|a Life Wireless' customer service department.

When customer service receives a call from a 911 dispatch center, the call will be forwarded to a supervisor. The supervisor will require proof of identity generally by fax or email. After the officer and request is verified as an emergency situation, the information is released immediately. If the "officer" cannot be identified, a subpoena or court order is required.